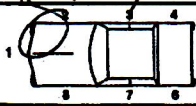
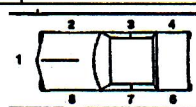


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE						LOCAL FILE NO.																																		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																																					
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			LEBANON		DATE OF CRASH	8/21/15 Friday		TIME	MILITARY 11015																																			
CRASH OCCURRED ON			Columbus AVE			WITHIN THE INTERSECTION OF			Speedway																																						
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET/MILEPOST, HOUSE NO.)			CITY CODE																																									
LOG-1			LOG-2			LOC JUR FH9 FILT																																									
A	UNIT NO. 1	NO OF OCCUPANTS	1		OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>		INSURANCE CO OR AGENT	None																																
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)			Williams, Micheal			ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			632 Ridge Rd #2 Lebanon OH																																						
PHONE NO.			937-204-4660			BIRTH DATE			3/21/95			AGE		20	SEX	F	SOCIAL SECURITY NO.	STATE	OH	DRIVER'S LICENSE NO.	UE050388		OCCUPATION																								
OWNER (IF SAME AS DRIVER, WRITE SAME)			Jeffery Caron			ADDRESS			632 Ridge Rd #2 Lebanon			PHONE																																			
VEH YR	97	MAKE	Chevy		MODEL	TK		COLOR	Blue		STYLE	TK		STATE	OH		LICENSE PLATE NO.	GFB2451		TOWING SERVICE			VEH/PED DIR																								
CIRCLE DAMAGE AREAS						9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER			DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING			DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY			VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																													
8	UNIT NO.	NO OF OCCUPANTS			OPERATING	<input type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO. OR AGENT																																		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)						PHONE																																			
PHONE NO.						BIRTH DATE						AGE						SEX						SOCIAL SECURITY NO.						STATE						DRIVER'S LICENSE NO.						OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE																																			
VEH YR		MAKE			MODEL			COLOR			STYLE			STATE			LICENSE PLATE NO.			TOWING SERVICE			VEH/PED DIR																								
CIRCLE DAMAGE AREAS						9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER			DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING			DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY			VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE																													
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			POSITION			INJURIES																																	
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D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE			AGE			SEX			A B C D E F			A B C D E F																														
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		ADDRESS			PHONE			SEX			A B C D E F			A B C D E F																																	
A B C			INJURED TAKEN TO			By			A B C D E F			ALCOHOL																																			
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A B C			OFFENSE CHARGED AND DESCRIPTION			A B C D E F			A B C D E F			A B C D E F																																			
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A B C			RECEIVED CALL			DISPATCHED			ARRIVED			CLEARED			OTHER TIME			TOTAL MINUTES																													
D E F			DATE REPORT FILED			PHOTOS			OFFICER'S NAME			BADGE NO.			CHECKED BY																																
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